	DECT AL	CALLAR	سعد			·	5			$\overline{\cdot}$
BEST AVAILABLE COPY						4	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECOR						09/685052				
Effective October 1, 2000							VIIW	<u>17 r</u>	72 an	
CLAIMS AS FILED - PART I						SMALL E	NTITY		OTHER	
TOTAL CLAIMS	Cotur	(Column 1)		(Column 2)		TYPE [□	OR	SMALL	
		NUMBER C: 50		AND DED SYTDA		RATE	FEE	4	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC FEI	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CL	AIMS 16	minus 20=				X\$ 9=		OR	X\$18=	<u> </u>
INDEPENDENT CLAIMS		minus 3 =		.3		X40=		OR	X80≖	340
MULTIPLE DEPENDENT C	LAIM PRESENT	RESENT			,	+135=	1	OR	+270=	
	mn 1 is less than	less than zero, enter "0" in column 2				TOTAL	 	JON JOR	TOTAL	000
الركان المالية AS AMENDED - PART II						IVIAL	L	Jou	OTHER	TUAN
(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	SMALL	
REMA	AIMS AINING	HIGH NUM	IBER	PRESENT		CATE	ADDI-			ADDI-
AMENI	TER DMENT		OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	3 Minus	••	20	- Ø		X\$ 9=	۵	OR	X\$18=	
Independent • ((p Minus		0	- <u>Ø</u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				!	+135=		OR	+270=		
1. 1					Į	YOTAL	 		TOTAL	
(Column 2) (Column 3)						ADDIT. FEE	<u> </u>	JOH.	ADDIT. FEE	
CLA	AIMS BASE	HIGH	EST	(Column 3)	lr		ADDI	l [ADDI-
AFT	AINING TER DMENT	PREVIO	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
Total • /	3 Minus	. 6	20	= (X\$ 9=		OR	X\$18=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					۱ ۱	+135=		OR	+270=	
					L	TOTAL			TOTAL	
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CLA	imn 1) NMS	(Colur RIGH	EST	(Column 3)	ŀ	·	ADDI-	. ,		
REMA AFT	UNING TER	NUM PREVIO	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE:	ADDI- TIONAL
Total •	DMENT Minus	PAID	FOR		╽┟		FEE			FEE
Total .	Minus	**		2		X\$ 9=		OR	X\$18=	
FIRST PRESENTATION		JETIPLE DEPENDENT CLAIM				X40=		ÖR	X80=	
						+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" th THIS SPACE is less than 20, enter "20."						YOTAL		OR .	TOTAL	_
The Highest Number Previously Paid For It THIS SPACE is less than 3, enter "3." ADDIT. FEE										

FORM PTO-675 (Rev. 9/00)